State of California Department of Insurance

Producer Licensing Bureau Appointments Data Extract Order Form

Form LIC.DE 2 (Rev 02/2001)

Customer Name:	Producer Licensing Bureau
	P.O. Box 1139
Customer Company:	Sacramento, CA 95812-1139

Information (800) 967-9331 or (916) 322-3555

Internet Address: Order Date:

Express Delivery PO# & Carrier Name: Telephone #:

Postal Delivery Address:

QUALIFICATIONS (for each order, choose one of the following)

Code	Description	Code	Description				
	_		_				
LX	Life Agent	MC	Motor Club Agent				
LXLP	Life – Limited to PreNeed	PF	Part Time Fraternal				
FX	Fire and Casualty Broker-Agent	PJ	Public Insurance Adjuster				
BA	Bail Agent	L%	All Life Quals.				
BP	Bail Permittee	В%	All Bail Quals.				
BS	Bail Solicitor	CS	Cargo Shipper's Agent ALL				
All	Qualifications (no restrictions)						
ADDITIONAL OPTIONS							
INDV	Individual Agents only	AGY	Agencies Only				

Below is an example of a request to list only the Individual Life Agents of 'Company ABC', with an NAIC# of '12345'. Upon completion, this order will be returned to you, with the related output file names on the CD. If no records were found for the specified line item, a '0' would be indicated.

YOUR ORDER LIST (completed by customer)

RETURNED OUTPUT (completed by CDI)

	(*************************************					
Name:	NAIC# -	Qualification	Option(s)	Returned File	Zero record	
	FEIN#	Code		Name(s)	indicator	
Sample:						
Company ABC	23451	LX	INDV	Completed by	Completed by	
				CDI	CDI	

TOTAL ORDER AMOUNT

SALES TAX*

TOTAL DUE TO: California Department of Insurance

^{*} California residents must add local sales tax. Send this completed form with your check to Attn: Kenneth Brown, California Department of Insurance, 320 Capitol Mall, Sacramento, CA 95814. For additional information request, call 916-492-3063.